

Clyde Court Care Home Care Home Service

South Avenue
Clydebank Business Park
Clydebank
G81 2RW

Telephone: 01419511133

Type of inspection:
Unannounced

Completed on:
26 June 2025

Service provided by:
Maven Healthcare (Clyde Court) LLP

Service provider number:
SP2022000216

Service no:
CS2022000324

About the service

Clyde Court Care Home in Clydebank provides residential, nursing, dementia, respite and end-of-life care. It is registered to provide a care service to a maximum of 70 older people.

The home is on three levels with lift access and comprises of lounges and a dining area on all floors. All rooms have an ensuite, with bathroom and shower facilities on each floor.

At the time of inspection, there were 63 people living in the home.

There is garden space that is accessible from the ground floor. The home is near local shops and cafes, and is within walking distance to the nearby train station.

About the inspection

This was an unannounced inspection which took place on 23, 24 and 25 June 2025 between the hours of 9:50 and 20:50. The inspection was carried out by two inspectors from the Care Inspectorate and with the support of an inspection volunteer. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 22 people using the service and 10 of their family/friends
- reviewed survey results from 2 people using the service, 7 relatives and 11 staff
- spoke with 17 staff and management
- observed practice and daily life
- reviewed documents
- consulted with 1 visiting professional and reviewed survey results from 6 others

Key messages

Infection Prevention and Control practice must improve.

Management oversight and quality assurance must be able to identify and action current issues and proposed future improvements.

Staff were said to be mostly kind and friendly, though staffing numbers should be given further consideration.

Improvements were required relating to the maintenance, comfort and cleanliness of the environment.

Care plan documents were reasonable in detail, but should be meaningfully reviewed and accessible to all staff.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

Overall, we evaluated this key question as weak, as we identified important weaknesses which required priority action; in particular, around infection prevention and control practices. Other aspects of the care and support people received in relation to their health and wellbeing was considered adequate.

We witnessed some positive interactions between people and staff and several people told us that the staff were kind and friendly. People told us, 'Staff are very nice' and 'I'm happy here', but others said, 'I miss going to the shops but they tell me they are too far away' and 'Not settled here'. Feedback from relatives was also mixed, some told us, 'Happy with the place' and 'Staff are caring'. Other visitors commented, 'Wouldn't recommend it, not good enough' and 'not as clean as would like'. At times, staff could have shown greater respect and sensitivity, which would have improved people's overall experience.

Activities were taking place during the visit which people were enjoying and the new activities person was now in post. An additional activities staff member was also due to be employed which was good to hear.

Please see section, 'What the service has done to meet any requirements we made at or since the last inspection' for further details.

Online medication records that were sampled showed that people were receiving their medication as prescribed and as required, medications were used appropriately. Daily meetings took place to update staff, with minutes being shared with individual units. This meant all staff had the opportunity to be kept up-to-date. Feedback from external health professionals was mixed about the care and support for people. Record keeping was also of variable standard. Food and fluid charts were overall well completed, however, there was some variation in falls records in the actions that should be followed after a fall had occurred.

(Please see area for improvement 1)

The food on offer was given mixed reviews by people and staff. We heard from some people who liked it, whilst others and some staff said the quality, variety and choices were at times limited. We were satisfied that people were receiving adequate food and fluids, which was also confirmed through nutrition assessments. One particular unit had noticeably poorer quality crockery and cups, and a less favourable mealtime experience. The provider was informed during the inspection and steps were taken to begin to address.

Over the course of our inspection, we were very concerned by the standards of cleanliness and IPC (Infection Prevention and Control) practices that were in place. Several visitors had also made comments to us about things not being clean. Corridors and communal lounge areas were overall clean, but bedrooms, toilets and shower chairs were dirty. Several carpets and two mattresses were found to be very soiled and odorous, whilst showers and sinks were visibly dirty. The cleaning trolley and bucket on one floor was extremely dirty, whilst soiled laundry was overly accumulated and mismanaged. We immediately highlighted these concerns to management. The service did take some action during the inspection. These issues should have been identified and promptly resolved through the service's own quality assurance processes and by management regularly walking round the service. People were being put at risk and we highlighted IPC as a concern that required priority action.

(Please see requirement 1)

Requirements

1.

By 7 August 2025, the provider must ensure that people are safe and protected by being proactive in ensuring that systems and resources are in place to support good infection prevention and control. In order to do this, the provider must, at a minimum:

- a) ensure that staff are trained, understand and adhere to the contents of the Care Home Infection Prevention and Control Manual (CH IPCM)
- b) ensure the care home environment, furnishings, floor coverings and equipment are kept clean and tidy
- c) maintain accurate records of all regular and deep cleaning
- d) Infection Prevention and Control audits capture all relevant areas for improvement

This is in order to comply with Regulations 3, and 4 (1) (a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

Areas for improvement

1.

The service should ensure that people who have fallen have any risks clearly reassessed. Any risks identified should be minimised through analysis of patterns, mobility needs and when appropriate referrals made. This should be reflected through risk assessments and in care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18)

How good is our leadership?

2 - Weak

Overall, we evaluated this key question as weak, as we identified important weaknesses which required priority action; in particular, around effective oversight and quality assurance. Other aspects of leadership and management were considered adequate.

We had concerns about management oversight and the effectiveness of the audit system, based on our findings with regards to IPC and the environment. The trackers that were provided showed us that there was a lack of insight as the service were scoring some areas as fully compliant, whilst significant issues that were identified during the inspection had not been addressed. Some checks and audits did not appear to be up-to-date, whilst others had happened but had not picked up the extent of the IPC and environmental concerns.

(Please see requirement 1)

Adult protection concerns had not always been reported. When notifications had been made, these did not always contain sufficient detail. This meant we could not be assured that appropriate steps had been taken to keep people safe. Analysis of significant events had not taken place, which also presented as a missed opportunity for the service to learn from these situations, or support staff changes in practice. We were not confident that relevant stakeholders and people's representatives had been notified in a timely way.

(Please see requirement 1)

Leaders at the service had opportunity to meet and collaborate and had received additional support from resources within the wider organisation. Senior staff gave assurances that the areas we highlighted would be actioned. Although staff meetings had been taking place, action plans were not recorded and it was unclear if actions had been followed through. Ideas from a recently commenced dementia committee had identified upcoming opportunities for staff to receive additional training and to increase their knowledge and practice. This was at early stages and we could not yet evaluate people's outcomes from this, although agreed it was a positive step forward.

Requirements

1.

By 20 October 2025, the provider must ensure people live in a well led service that safe and provides care and support that meets their needs.

To do this, the provider must, at a minimum:

- a) ensure that systems of quality assurance are in place for key areas and audits are consistently completed.
- b) detail actions taken to address any identified improvement and have clear responsibilities
- c) include an evaluation of progress made

d) notify the Care Inspectorate of all relevant events under the correct notification heading, within the required timeframe, include detail of their handling of the event, communication with stakeholders and provide updates if applicable.

This is to comply with Regulation 3 and 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff responses to our survey were mostly positive, though some responses and workers we met during the inspection had mixed views about some areas of the service. An external health professional highlighted that additional, trained nursing staff had joined the team and that staff followed advice that was given. However, we found that additional consideration should still be given to staffing numbers and staff skill mix, particularly in the evenings. There is an outstanding area for improvement with regards to this, which has not yet been met and will be repeated.

(Please see section, 'Outstanding areas for improvement' for further details)

Staff that we observed were mostly able to respond to requests for support in a timely manner.

We did witness collaborative working during activities and during mealtimes. Staff were mostly positive about their colleagues. We suggested the provider should consider if there are sufficient domestic or laundry staff to maintain standards of cleanliness and the effective supply of clean laundry across the service.

How good is our setting?

2 - Weak

Overall, we evaluated this key question as weak, as we identified important environmental weaknesses which required priority action; in particular, around some furnishings and equipment which required to be replaced. Another aspect of the care and support people received in relation to their setting was considered adequate.

During our inspection visits, we found that some areas and items at the home were no longer fit for purpose. Staff told us that there was a lack of clean linen. We witnessed that there were some bare mattresses in place and two others that needed to be disposed of. Items of furniture and equipment were broken or worn, making them harder to keep clean. Some ensembles were in a poor state of repair with cracked tiles and decor that badly needed refreshed. Some people did not appear to have all the items they

required to ensure their health and wellbeing needs were met. Some communal toilets were missing basic items and some alert pull cords were wrapped up and unusable, or were not long enough. We did find that some rooms had been refreshed and were in better condition, whilst others were sparse and had a lack of home comforts. The provider told us that the refurbishment plan was ongoing but we were not assured that priority had been appropriately assigned to areas that needed it most.

(Please see requirement 1)

On one floor, a lounge area was no longer accessible to people and the other was in darkness and unwelcoming. We asked for this area to be made more inviting for people to use. The service had rectified the dark lounge by day two, but we suggested that some work would be required to entice people to actively access this area. In general, the layout of the building had impact on how staff could observe and monitor what is happening and where support is required.

In comparison, the lounge area on the ground floor seemed better used and maintained, giving access to some outdoor space. This area was used by people and relatives for visits and activities. Some external entertainers and activity providers used the ground floor communal area effectively and people were supported to come from other floors to join in. Some people were able to access facilities in the wider community on a small scale.

Requirements

1.

By 20 October 2025, the provider must ensure that people are safe, protected and comfortable by being proactive in ensuring that systems and resources are in place within an environment that is well-maintained. In order to do this, the provider must, at a minimum:

- a. ensure the care home environment, furnishings, floor coverings and equipment are well-maintained and in a good state of repair
- b. any items that are damaged or defective must be discarded and replaced in a timeous manner
- c. implement robust environmental auditing, incorporating actions in to a development plan and demonstrate that any issues have been resolved.

This is in order to comply with Regulations 3, 10(2)(b) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How well is our care and support planned?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We found that the care plans we sampled were mostly of a reasonable standard. There was some variation across the standard of care plan reviews in different units, with one unit completing the task with good detail and another unit just noting that they were reviewed or no changes. The online care planning system in use allows for a one page profile to be generated and we asked the service to ensure these were available to any agency staff at the service, to enable a fuller awareness of people's support needs.

(Please see area for improvement 1)

For the care plans we sampled, there were mostly well completed food and fluid charts, and personal care charts were in place, although some had gaps.

(Please see section, 'Outstanding areas for improvement' for further details)

Each person sampled had a range of risk assessments in place, though again information was varied across people and units. Effective and detailed auditing of care plans would support improvement in this area. Some work had been already completed on care plans to add information about people's interests and social needs.

(Please see section, 'Outstanding areas for improvement' for further details)**Areas for improvement**

1.

The service should ensure that care plans are familiar to staff, regularly accessed, updated and meaningfully reviewed. This should include agency staff receiving care plan summaries for those they are to support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 23 May 2025, the provider must provide a varied programme of meaningful activities. To do this, you, the provider, must at a minimum provide:

- a) an activity plan developed from people's interests and hobbies
- b) a range of meaningful activities for people living in the service
- c) opportunities for people to be out in the community.

This is to comply with Regulation 4 - Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19)

This requirement was made on 7 March 2025.

Action taken on previous requirement

There were a variety of activities timetabled and planners were on display across the home. The service had recently recruited an activities staff member and had plans in place to recruit another. We observed some of these activities being enjoyed during our visits. We heard about community activities that were happening for some people. Though there was some scope to further improve this area we could see that some progress had been made.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing, the manager should ensure that the right number of qualified staff are on duty each shift, to provide safe and effective care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14); and 'My needs are met by the right number of people' (HSCS 3.15)

This area for improvement was made on 13 February 2025.

Action taken since then

The home were using a dependency tool to assess staffing levels, however, it was not clear if other factors like staff skill mix or layout of the units was being fully considered. In the evenings there did not always appear to be ample staff to manage any events that may have occurred. We met and observed agency staff who were not aware of the support needs of people they were responsible for.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

This area for improvement had been made following an upheld complaint. Clear, detailed records should be maintained to ensure that care is provided as prescribed, instructed and to better track the effectiveness of oral hygiene interventions.

Additionally, staff should receive further training on addressing the oral care needs of residents with dementia, ensuring that their comfort, dignity, and health are prioritised consistently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 18 April 2025.

Action taken since then

This area for improvement had been made following an upheld complaint. We sampled care plans across all units of the home and found oral hygiene records to be inconsistently recorded. Whilst some were well completed, some people who required support with oral hygiene did not appear to have had these care needs met. We found several toothbrushes across the home that did not appear to have been used that day.

This area for improvement has not been met and will be repeated.

Previous area for improvement 3

The service must ensure that care documentation related to continence support is detailed, consistent, and reflective of the care provided. This includes clear guidance for staff on how to support individuals who may remove continence aids, as well as consistent recording of when continence care is provided.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 18 April 2025.

Action taken since then

This area for improvement had been made following an upheld complaint. We sampled some recordings that had not accurately reflected the continence support that had been required. This had led to particularly odorous and badly stained carpeting in a person's bedroom, which had not been cleaned or reported.

This area for improvement has not been met and will be repeated.

Previous area for improvement 4

The service must ensure that care and support plans contain comprehensive and person-centred information relating to individuals' emotional well-being, including their interests, preferences, and social needs. This will enable staff to provide more meaningful engagement and better support residents' mental health and emotional resilience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 18 April 2025.

Action taken since then

This area for improvement had been made following an upheld complaint. Care plans we sampled did contain some background information on people and noted their hobbies and interests. Activity charts did capture some of the things that people had joined in with. Though there was some scope to further improve this area we could see that some progress had been made.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
2.3 Leaders collaborate to support people	3 - Adequate
2.4 Staff are led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
4.3 People can be connected and involved in the wider community	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.